

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.B.</i>	<i>70725</i>	<i>4-17-99</i>
O.I.P.E. CLASSIFIER	<i>MD</i>	<i>45</i>	<i>4/14</i>
FORMALITY REVIEW		<i>71476</i>	<i>4/20/99</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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